ADULT CARDIAC ARREST

Follow Initial Treatment Protocol

Rhythm Shockable?

YES → **VT / VF** → **Shock Max Joules per Manufacturer Guidelines** → **CPR 2 Min.** Obtain IV / IO Access → **A**

A

Rhythm Shockable ?

- NO → If no ROSC – Go to B
- YES → **SHOCK** → **CPR 2 Min** **Epinephrine** 1 mg repeated every 3 - 5 min. Consider Advanced Airway: ET or Supraglottic and Capnography → **Rhythm Shockable ?**
  - NO → If no ROSC – Go to B
  - YES → **SHOCK** → **CPR 2 Min** **Amiodarone** 300 mg and treat reversible causes; consider 150 mg dose if no conversion in 3 - 5 min. May substitute **Lidocaine** 1.0 – 1.5 mg/kg IV/IO repeated at 0.5 – 0.75 mg/kg IV/IO at 10 min. intervals to a max dose of 3 mg/kg. In cases of Torsades administer **Magnesium Sulfate** 1 gram diluted in 10 ml NS over 5 – 20 min. → **A**

NO → **Asystole / PEA** → **CPR 2 Min** Obtain IV / IO Access Epinephrine 1 mg repeated every 3 - 5 min. Consider Advanced Airway: ET or Supraglottic and Capnography → **B**

B

Rhythm Shockable ?

- YES → **Go to A**
- NO → **CPR 2 Min.** Treat Reversible Causes → **Rhythm Shockable ?**
  - YES → **Go to A**
  - NO → If Non-Shockable rhythm remains after 20 min. of resuscitative efforts, Call **Medical Command** and consider **Cease Efforts Protocol 9102**

If no ROSC – Go to B

If ROSC – Proceed to ROSC Protocol 4214

Contact **Medical Command** for additional post cardiac arrest treatment

Assess for Reversible Causes

Hypoxia	Toxins
Hydrogen Ion	Tension Pneumothorax
Hypothermia	Cardiac Tamponade
Hypovolemia	Thrombus (cardiac)
Hypo/Hyperkalemia	Thrombus (pulmonary)
Hypoglycemia	Trauma

(OPTIONAL) Sodium Bicarbonate 50 mEq may be administered per MCP order.